RON.	ROD .				OMB No 0651-0011 (12/31/86)				
CED					Docket Number				
A Con.	AMENDMENT TRANSMITTAL LETTER				100/15001				
Application Taber	419 O6	10/88	$\int $	niner Nike Ni	sbet	A	roup 1 Unit 185		
Invention Title RECOMBIN	ANT IMM	UNOGLO	BU	LIN PRE	EPARA	77101	IS		
TO THE COMMISSI	ONER OF PATEN	ITS AND TRAI	DEMA	RKS					
Transmitted herev	vith is an amendm	ent in the abov	e - ide	entified applicat	ion.	· •	9	-9	
Small Entity statement p	status of this apporeviously submitte	lication has be	en est	ablished under	37 CFR 1	.27 by a	verified SEP	EC	
A verified st	atement to establi	sh Small Entity	statu	s under 37 CFI	R 1.27 is e	nclosed.	40UP		
No addition	al fee is required.						180	PH F.	
Invention Title RECOMBINANT IMMUNOGLOBULIN PREPARATIONS TO THE COMMISSIONER OF PATENTS AND TRADEMARKS Transmitted herewith is an amendment in the above - identified application. Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed. No additional fee is required. The fee has been calculated as shown below:									
	CI		MEN						
		(1) CLAIMS		(2) HIGHEST	(3) PRESENT	-		1	
		REMAINING		NUMBER	NUMBER				
		AFTER		PREVIOUSLY	EXTRA	DATE	FEE		
		AMENDMENT		PAID FOR		RATE	 	┨	
TOTAL CLAIMS	· ·	• 34	minus	34	0	x \$12		1	
INDEPENDENT CLAIM)	minus	5		***		┨	
MULTIPLE DEPENDEN	NT CLAIM ADDED					\$120	 	┨	
٦					ТО	TAL	\$ ()		
						ENTITY	\$		
" If the entry in column 1 is " If the highest number po " If the highest number power The "highest number previous	s less than the entry reviously paid for IN previously paid for IN	in column 2, wri THIS SPACE is I THIS SPACE is	ite "0" i less th s less tl	n column 3 an 20, enter "20 han 3, enter"3".		e box in co	lumn 1.		
X Please cha A duplicat	arge Deposit Accou	unt Number <u>0</u> et is enclosed.	7-06	30_ in the am	ount of \$_	0	·	ż	
A check in	the amount of \$ _	t	o cove	er the filing fee	is enclose	d.			
communica	issioner is hereby ation or credit any e copy of this she	overpayment to	charge Depo	payment of the paint Account Nu	e following umber <u>0</u>	fees as: 7 - 0630	sociated wi	th this	
X Any add	litional filing fees r	equired under	37 CF	R 1.16.					
Any pate	ent application pro	cesing fees un	der 37	CFR 1.17.		^	^		
	01.	100		()		1/1~	$\cdot \cdot $		

(Date)

(Signature)